tional overlay close to hysteria but far removed from imposture and malingering. Such an artificial structure of psychical operations will undoubtedly be useful to claims lawyers all of whom plead that their clients are victims of unknown and uncontrollable psychic forces released by an accident. In this respect Bromberg's argument fills the bill.

Is such a formulation true? Charcot[1] (1825 to 1893) had the following to say:

> This brings me to say a few words about malingering. It is found in every phase of hysteria and one is surprised at times to admire the ruse, the sagacity, and the unyielding tenacity that especially the women, who are under the influence of a severe neurosis, display in order to deceive . . . especially when the victim of the deceit happens to be a physician.

Apropos to physicians and lawyers, he said,

> Indeed, everyone is aware that the human need to tell lies, whether for no reason at all than the practice of a sort of cult like art for art's sake or in order to create an impression, to arouse pity, etc., is a common event, and this is particularly true in hysteria.

In short, postaccident neuroses are not so devoid of self-perception and self-awareness that deception can be discounted. Bromberg's effort to establish another abstraction and call it functional overlay is inconsistent with long clinical observation and is unnecessarily complicating.

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REFERENCE

1. Guillain G: JM Charcot, 1825-1893—His Life and His Works, (Edited and Translated by Pearce Bailey). New York, Paul B. Hoeber, Inc, 1959, pp 138-139

Organized Medicine as 'My Doctors'

TO THE EDITOR: The editorial entitled "Organized Medicine as 'My Doctors' " in the May 1979 issue succinctly points out a malady that disturbs the present-day practice of medicine and appropriately recommends a potentially effective remedy. It can be hoped that individual members of the profession will respond and "try to make the doctor-patient relationship come alive . . . ." Recognizing and delineating the problem is the first important step. As pointed out, the terms *organized medicine* and *society* are impersonal designations that fail to indicate that each consists of many persons who have strong personal feelings and desires.

Taking a broad perspective of the development of the difficult circumstances that are evident between the profession and society demonstrates that there are many factors that have contributed to the unhappy situation. Among these there are some that the profession may have been in part responsible for and are, therefore, factors that might be improved. Doctors are sensitive people and the development of what is termed *defensive medicine* in response to pressures exerted by society is understandable even if regrettable. But, placing emphasis on the individual and his conduct of practice, especially that in maintaining the best in doctor-patient relationship, can be beneficial both for organized medicine and for society: And . . . "the millions of doctor-patient contacts that occur in America each day can be used to bring the message home."

In the context of delineating the factors that contribute to the malady and in seeking ways and means for gaining improvement, medical education from the first year in medical school through the years of hospital training carries a heavy responsibility. Scientific medicine (despite the remarkable advances, the massive increase in medical technologies and their usefulness) and the involvements of government and third party insurers (despite the necessity of each) are factors that tend to depersonalize and dehumanize the practice of medicine. Doctors are partially the products of their education, training and experience. Their genuine, native and fundamental idealism for rendering service to those who are ill should be preserved. Medical educators, especially those in clinical fields, should direct academic attention to the importance of maintaining personal relationships between doctors and patients. Medical education should acknowledge that the practice of medicine at its best remains an art, and is not a science. Although stated early in this century and before the influence of scientific medicine on medical education, the words of Sir William Osler are still pertinent. He advised that "It is much more important to know what sort of patient has a disease than what sort of disease a patient has" (*Aequanimitas and Other Lectures,* New York, 1914). And, in the matter of gaining knowledge and experience, students and trainees in medicine should acknowledge their individual responsibility to hold on to the basic idealism for service that leads most of them into the profession. With effort on the part of us all, there is reason to believe that the malady can be properly treated.

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